

HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2003 OF THE CONDITION AND AFFAIRS OF THE

THE CONSTROL AND AFFAIRS OF THE

| | Memphis Managed Care Corp. | |
|--|---|---|
| NAIC Group Code 0000 (Current Period) | NAIC Company Code 00000 Employer | 's ID Number 62-539163 |
| Organized under the Laws of Tenness | see, State of Domicile or Port of En | ntry Tennessee |
| Country of Domicile US | | 107 107 0000 |
| Licensed as business type: | | |
| Life Accident & Health [] Dental Service Corporation [] Health Maintenance Organization [X] | Property/Casualty { } Vision Service Corporation { } Is HMO Federally Qualified? Yes () No () | Hospital, Medical & Dental Service or Indemnity [Other [] |
| Incorporated July 7 1993 | Commenced Business January 1, 1994 | |
| Statutory Home Office 1407 Union Ave. | | |
| Main Administrative Office 1407 Union A | (Street and Number, City or Town, State and Zip Code) ive. Memphis, Tennessee 35104 | |
| | (Street and Number , City or Town , State and Zip Code) | 901-725-7100 -3003 (Area Code) (Telephone Number) |
| Mail Address 1407 Union Ave, Memphis, Te | | , |
| | (Street and Number: City or Town., State and Zip Code) | |
| Primary Location of Books and Reco | rds 1407 Union Ave, Memphis, Tennessee 38104 | |
| | 901-725-7100 -3003 (Street and Number, City or Town, State and 2/p Cod (Area Code) (Telephone Number) | e) |
| Internet Website Address N/A | | |
| Statutory Statement Contact James Pr | octor | 901-725-100 -3003 |
| joroctor@mmcc-tic.com | (Name) | (Arez Code) (Telephone Number) (Extension) |
| Policyowners | (E-Mail Address) | (Fax Number) |
| Relations Contact and Phone Number | (Street and Number, City or Town, State and Zip Code) | (Area Tode) (Telephone Number) (Extension) |
| | | \$ and the second |
| | OFFICERS President: Al King | |
| | Secretary: Bruce Steinhauer, Dr | |
| | VICE PRESIDENTS | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | DIRECTORS OR TRUSTEES | |
| | Steven Burkett Brenda Jetter | |
| | Andy Spooner, Dr Dennis Schaberg, Dr | |
| | Barry Fowler Stuart Polly , Dr | |
| | Jeff Brandon Bruce Steinhauer, Dr | |
| | | |
| | | |
| ate ofTennessee | ١ | |
| ounty of Shelpy | ── } ss | |
| | | |
| ordiners of this reporting entity, being duly swom solute property of the said reporting entity, free a | each depose and say that they are the described officers of said reporting entity, and that on the reporting pand clear from any liens or claims thereon, except as herein stated, and that this statement, together with restall the assets and liabilities and of the conditions and officers of the and conditions that the statement. | period stated above, all of the nerein described assets were the |
| the period ended, and have been completed in a | eccordance with the NAIC Applied Statement leave and arrains of the said reporting entity as of the reporting pe | mod stated above, and of its income and deductions therefrom |
| e rules or regulations require differences in repor | ting not related to accounting practices and procedures, according to the bast of their information, knowledge | except to the extent that: (1) state law may differ; or, (2) that and belief, respectively. |
| 200 12 | X/1/1/1/ 1/10 | • |
| _CASK. | (DVV) Denerthen (MI) | |
| Al King President | Bruce Steinhauer, Or | |
| oscribed and sworn to before me this | Secretary | Treasurer |
| 311 day of June - 20 | <i>U</i> ₹ | |

My Commission Expires
Sept. 8, 2003

Health - Quarterly 2003

ASSETS

| | | Current Statement Date | | | 4 |
|----------------------------------|--|------------------------|----------------------------|---|--|
| | | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Column 1 minus 2) | December 31 Prior Year Net Admitted Assets |
| 1. | Bonds | 2 610 632 | | 2,610,632 | 2 613 127 |
| 2. | Stocks: | | | | |
| | 2.1 Preferred stocks | | | | |
| | 2.2 Common stocks | | | | |
| 3. | Mortgage loans on real estate: | | | | |
| 0. | 3.1 First liens | | | | |
| | 3.2 Other than first liens | | | | |
| 4. | Real estate: | | | | |
| | 4.1 Properties occupied by the company (less \$encumbrances) | | | | |
| | 4.2 Properties held for the production of income (less \$ | | | | |
| | 4.3 Properties held for sale (less \$encumbrances) | | | | |
| 5. | Cash (\$ 10,443,444) and short-term investments (\$) | | | | |
| 6. | Contract loans (including \$premium notes) | | | | |
| 7. | Other invested assets | | | | |
| 8. | Receivable for securities | | | | |
| 9. | Aggregate write-ins for invested assets | | | | |
| 10. | Subtotals, cash and invested assets (Line 1 to Line 9) | | | | |
| | | | | 31,217 | |
| 11. | Investment income due and accrued | 31,217 | | 31,217 | 39,200 |
| 12. | Premiums and considerations: | | | | |
| | 12.1 Uncollected premiums and agents' balances in the course of collection 2.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| | 12.3 Accrued retrospective premiums | | | | |
| 13. | Reinsurance: | | | | |
| 10. | 13.1 Amounts recoverable from reinsurers | | | | 123 077 |
| | 13.2 Funds held by or deposited with reinsured companies | | | | |
| | 13.3 Other amounts receivable under reinsurance contracts | | | | |
| 14. | Amounts receivable relating to uninsured plans | | | | |
| 15.1 | Current federal and foreign income tax recoverable and interest thereon | | | | |
| | Net deferred tax asset | | | | |
| | | | | | |
| 16. | Guaranty funds receivable or on deposit | | | | |
| 17. | Electronic data processing equipment and software | | | | |
| 18. | Furniture and equipment, including health care delivery assets (\$ | | | | |
| 19. | Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 20. | Receivables from parent, subsidiaries and affiliates | | | | |
| 21. | Health care (\$) and other amounts receivable | | | | |
| 22. | Other assets nonadmitted | | | | |
| 23. | Aggregate write-ins for other than invested assets | | | | |
| 24. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to 23) | 16,061,082 | 2,843,018 | 13,218,064 | 13,685,008 |
| 25. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 26. | Total (Line 24 and Line 25) | 16,061,082 | 2,843,018 | 13,218,064 | 13,685,008 |
| 0901. 0902. 0903. 0998. | S OF WRITE-INS Summary of remaining write-ins for Line 09 from overflow page | | | | |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (Line 09 above) | | | | |
| 2204 | Prepaid Exp | | | | |
| | Other | 46,566 | | 40,300 | 344,049 |
| 2302. 2303. | Other Pharmacy Rebate Summary of remaining write-ins for Line 23 from overflow page | | | | 195,450 |

LIABILITIES, CAPITAL AND SURPLUS

| | | | Current Period | | Prior Year |
|------|--|--------------|----------------|------------|------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. | Claims unpaid (less \$ reinsurance ceded) | | 643,617 | 643,617 | 3,113,636 |
| 2. | Accrued medical incentive pool and bonus payments | | | | |
| 3. | Unpaid claims adjustment expenses | | | | |
| 4. | Aggregate health policy reserves | | | | |
| 5. | Aggregate life policy reserves | | | | |
| 6. | Property/casualty unearned premium reserve | | | | |
| 7. | Aggregate health claim reserves | | | | |
| 8. | Premiums received in advance | | | | |
| 9. | General expenses due or accrued | | 1,679,969 | 1,679,969 | 2,524,905 |
| 0.1 | Current federal and foreign income tax payable and interest thereon (including \$ | | | | |
| 0.2 | Net deferred tax liability | | | | |
| 11. | Ceded reinsurance premiums payable | | | | |
| 12. | Amounts withheld or retained for the account of others | | | | |
| 13. | Remittances and items not allocated | | | | |
| 14. | Borrowed money (including \$current) and interest thereon \$ (including \$current) | | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | | 1,339,929 | 1,339,929 | 2,908,442 |
| 16. | Payable for securities | | | | |
| 17. | Funds held under reinsurance treaties with (\$ | | | | |
| 18. | Reinsurance in unauthorized companies | | | | |
| 19. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 20. | Liability for amounts held under uninsured accident and health plans | | | | |
| 21. | Aggregate write-ins for other liabilities (including \$ | | | | |
| 22. | Total liabilities (Line 1 to Line 21) | | 3,663,515 | 3,663,515 | 8,546,98 |
| 23. | Common capital stock | XXX | XXX | | |
| 24. | Preferred capital stock | XXX | | | |
| 25. | Gross paid in and contributed surplus | XXX | XXX | 3,699,818 | 3,699,81 |
| 26. | Surplus notes | XXX | | 6,750,515 | |
| 27. | Aggregate write-ins for other than special surplus funds | XXX | XXX | | |
| 28. | Unassigned funds (surplus) | XXX | XXX | (895,783) | (5,312,30 |
| 29. | Less treasury stock, at cost: | | | | |
| | 29.1 | XXX | XXX | | |
| | 29.2 | XXX | XXX | | |
| 30. | Total capital and surplus (Line 23 to Line 28 minus Line 29) | XXX | XXX | 9,554,550 | 5,138,028 |
| 31. | Total Liabilities, capital and surplus (Line 22 and Line 30) | XXX | XXX | 13,218,065 | 13,685,011 |
| ETAI | LS OF WRITE-INS | | | | |
| 101. | | | | | |
| 102. | | | | | |
| 103. | | | | | |
| 198. | Summary of remaining write-ins for Line 21 from overflow page | | | | |
| 199. | Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above) | | | | |
| 701. | | XXX | XXX | | |
| 702. | | XXX | XXX | | |
| 703. | | XXX | XXX | | |
| 798. | Summary of remaining write-ins for Line 27 from overflow page | XXX | XXX | | |
| | , v · · · · · · · · · · · · · · · · · · | XXX | XXX | | |

STATEMENT OF REVENUE AND EXPENSES

| | | Current \ | /ear to Date | Prior Year to Date | |
|-------------------------|--|------------|--------------|--------------------|--|
| | | 1 | 2 | 3 | |
| | | Uncovered | Total | Total | |
| 1. | Member Months | XXX | 578,394 | 2,414,074 | |
| 2. | Net premium income (including \$non-health premium income) | XXX | | 116,527,239 | |
| 3. | Change in unearned premium reserves and reserve for rate credits | XXX | | | |
| 4. | Fee-for-service (net of \$medical expenses) | XXX | | | |
| 5. | Risk revenue | XXX | | | |
| 6. | Aggregate write-ins for other health care related revenues | XXX | | | |
| 7. | Aggregate write-ins for other non-health revenues | XXX | | | |
| 8. | Total revenues (Line 2 to Line 7) | XXX | | 116,527,239 | |
| Hospita 9. | and Medical: Hospital/medical benefits | | (997,103) | 23,017,195 | |
| 10. | Other professional services | | (1,523,944) | 45,765,150 | |
| 11. | Outside referrals | | | | |
| 12. | Emergency room and out-of-area | | | 26,258,265 | |
| 13. | Prescription drugs | | (90) | 21,000,488 | |
| 14. | Aggregate write-ins for other hospital and medical | | | | |
| 15. | Incentive pool and withhold adjustments | | | | |
| 16. | Subtotal (Line 9 to Line 15) | | (2,521,137) | 116,041,098 | |
| Less: | Net reinsurance recoveries | | | 214,731 | |
| | Total hospital and medical (Line 16 minus Line 17) | | | , | |
| | Non-health claims | | | | |
| | Claims adjustment expenses | | | | |
| | General administrative expenses | | | | |
| 22. | Increase in reserves for life and accident and health contracts (including \$ increase in | | | | |
| 23. | Total underwriting deductions (Line 18 through Line 22) | | (4,591,223) | 119,710,046 | |
| 24. | Net underwriting gain or (loss) (Line 8 minus Line 23) | XXX | 4,591,223 | (3,182,807) | |
| 25. | Net investment income earned | | 52,105 | 1,065,208 | |
| | Net realized capital gains or (losses) | | | | |
| 27. | Net investment gains or (losses) (Line 25 plus Line 26) | | 52,105 | 1,065,208 | |
| | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | | |
| | Aggregate write-ins for other income or expenses | | | 456,078 | |
| | Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29) | | | (1,661,521) | |
| | Federal and foreign income taxes incurred Net income (loss) (Line 30 minus Line 31) | XXX | 4,886,447 | | |
| 32. | Net income (loss) (Line 30 minus Line 31) | XXX | 4,880,447 | [(1,001,021 | |
| DETA 0601. | ILS OF WRITE-INS | XXX | | | |
| 0601. 0602. 0603. | | XXX XXX | | | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | XXX XXX | | | |
| 0701. | | XXX | | | |
| 0702. 0703. | | XXX XXX | | | |
| 0798. | | XXX XXX | | | |
| 1401. | | | | | |
| 1402. 1403. | | | | | |
| 1498 . 1499 . | | | | | |
| 2901. | | | 1 | | |
| 2902. 2903. | | | | | |
| 2998. 2999 | Summary of remaining write-ins for Line 29 from overflow page Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) | | 243,119 | 456,078 | |

STATEMENT OF REVENUE AND EXPENSES (continued)

| | | 1 | 2 |
|------|---|-------------------------|-----------------------|
| | CAPITAL AND SURPLUS ACCOUNT | Current Year to Date | Prior Year to Date |
| 33. | Capital and surplus prior reporting period | 5,138,033 | 13,638,584 |
| GAIN | NS AND LOSSES TO CAPITAL AND SURPLUS | | |
| 34. | Net income (loss) from Line 32 | 4,886,447 | (1,661,522) |
| 35. | Change in valuation basis of aggregate policy and claims reserves | | |
| 36. | Net unrealized capital gains and losses | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. | Change in net deferred income tax | | |
| 39. | Change in nonadmitted assets | (469,925) | (293,494) |
| 40. | Change in unauthorized reinsurance | | |
| 41. | Change in treasury stock | | |
| 42. | Change in surplus notes | | |
| 43. | Cumulative effect of changes in accounting principles | | |
| 44. | Capital Changes: | | |
| | 44.1 Paid in | | |
| | 44.2 Transferred from surplus (Stock Dividend) | | |
| | 44.3 Transferred to surplus | | |
| 45. | Surplus adjustments: | | |
| | 45.1 Paid in | | |
| | 45.2 Transferred to capital (Stock Dividend) | | |
| | 45.3 Tranferred from capital | | |
| 46. | Dividends to stockholders | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | | (6,545,535) |
| 48. | Net change in capital and surplus (Line 34 to Line 47) | 4,416,522 | (8,500,551) |
| 49. | Capital and surplus end of reporting period (Line 33 plus Line 48) | 9,554,555 | 5,138,033 |
| DET | AILS OF WRITE-INS | | |
| 4701 | . Audit Adjustment | | (6,545,535) |
| 4702 | | | |
| 4703 | i | | |
| 4798 | Summary of remaining write-ins for Line 47 from overflow page | | |
| 4799 | Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) | | (6,545,535) |

CASH FLOW

| | 57.5 <u>2</u> 5 | | |
|------------|---|-------------------------|------------------|
| | | 1 | 2 |
| | | Current Year To Date | Prior Year |
| | Cash from Operations | | |
| 1 | Premiums collected net of reinsurance | | 118, 796, 726 |
| 2. | Net investment income | 60,176 | 1,062,842 |
| 3. | Miscellaneous income | 207,983 | 456,078 |
| 4. | Total (Line 1 through Line 3) | 268,159 | 120,315,646 |
| 5 | Benefit and loss related payments | 900.585 | 155 374 170 |
| 6. | Benefit and loss related payments Net transfers to Separate, Segregated Accounts and Protected Cell Accounts | | |
| /. 8 | Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders | (1, 106, 362) | |
| 9. | Dividends paid to policyholders Federal and foreign income taxes paid (recovered) \$ net tax on capital gain (losses) | | |
| 10. | Total (Line 5 through Line 9) | (205,777) | 158,119,700 |
| | | | |
| 11. | Net cash from operations (Line 4 minus Line 10) | 473,936 | (37,804,054) |
| | Cash from Investments | | |
| 12. | Proceeds from investments sold, matured or repaid: | | |
| | 12.1 Bonds | | ., ., |
| | 12.2 Stocks 12.3 Mortgage loans | | |
| | 12.4 Real estate | | |
| | 12.5 Other invested assets 12.6 Net gains or (losses) on cash and short-term investments | | |
| | 12.7 Miscellaneous proceeds | | |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | | 15,126,235 |
| 13. | Cost of investments acquired (long-term only): 13.1 Bonds | | 15 629 535 |
| | 13.2 Stocks | | |
| | 13.3 Mortgage loans | | |
| | 13.4 Real estate 13.5 Other invested assets | | |
| | 13.6 Miscellaneous applications | 348,640 | |
| | 13.7 Total investments acquired (Lines 13.1 to Line 13.6) | | 15,628,535 |
| 14. | Net increase or (decrease) in policy loans and premium notes | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (348,640) | (502,300) |
| | Cash from Financing and Miscellaneous Sources | | |
| 16. | Cash provided (applied): | | |
| | 16.1 Surplus notes, capital notes | | |
| | 16.2 Capital and paid in surplus, less treasury stock 16.3 Borrowed funds received | | |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | |
| | 16.5 Dividends to stockholders 16.6 Other cash provided (applied) | | |
| | Total Cash provided (applice) | | (007,200) |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | | (837, 208) |
| | RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS | | |
| | | | |
| 18. | Net change in cash and short-term investments (Line 11 plus Line 15 and Line 17) | 125,296 | (39 , 143 , 562) |
| 18. 19. | | | (39,143,562) |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | Comprehensive (Ho | ospital and Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---------|-------------------|----------------------|------------------------|----------------|----------------|---|-------------------------|-----------------------|--------------|----------------------|-------------------|-------|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Stop Loss | Disability Income | Long-Term Care | Other |
| Total Members at end of: | | | | | | | | | | | | | |
| 1. Prior Year | 191,307 | | | | | | | | 191,307 | | | | |
| 2. First Quarter | 197,048 | | | | | | | | 197,048 | | | | |
| 3. Second Quarter | | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | | |
| 6. Current Year Member Months | 578,394 | | | | | | | | 578,394 | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | |
| 7. Physician | 212,435 | | | | | | | | 212,435 | | | | |
| 8. Non-Physician | 16,750 | | | | | | | | 16,750 | | | | |
| 9. Total | 229,185 | | | | | | | | 229,185 | | | | |
| 10. Hospital Patient Days Incurred | 25,296 | | | | | | | | 25,296 | | | | |
| 11. Number of Inpatient Admissions. | 5,358 | | | | | | | | 5,358 | | | | |
| 12. Health Premiums Collected | | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | | |
| 15. Health Premiums Earned. | | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | | |

STATEMENT AS OF MARCH 31, 2003 OF THE Memphis Managed Care Corp.

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0599999 - Unreported claims and other claim reserves. | | | | | | 643,617 |
| 0799999 - Total claims payable. | | | | | | 643,617 |

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| | Claims Paid | Year to Date | Liability End of | Current Quarter | 5 | 6 Estimated Claim |
|--|---|--|--|--|---|--|
| | 1 | 2 | 3 | 4 | | Reserve and |
| Line of Business | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid December 31 of Prior Year | On Claims Incurred During the Year | Claims Incurred in Prior Years (Columns 1 plus 3) | Claim Liability December 31 of Prior Year |
| Comprehensive (hospital and medical) | | | | | | |
| Medicare Supplement | | | | | | |
| 3. Dental only | | | | | | |
| | | | | | | |
| Vision only Federal Employees Health Benefits Plan Premiums. | | | | | | |
| 6. Title XVIII - Medicare | | | | | | |
| 7. Title XIX - Medicaid | | | | | 1,664,037 | |
| 8. Other health | | | | | | |
| 9. Health subtotal (Line 1 to Line 8) | | | 643,617 | | | |
| 10. Other non-health | | | | | | |
| 11. Medical incentive pools, accruals and disbursements | | | | | | |
| 12. Totals | | | 643,617 | | | 3,113,636 |
| | | | | | | |

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

| 1.1 | Did the reporting entity implement any significant accounting | ng policy changes which would require disclosure in the Notes | to the Finar | ncial Statements | ? | | Yes () No () | | | |
|-----|---|--|----------------------------|---------------------------------------|--------------------------------|-------------------|--------------------|--|--|--|
| 1.2 | If yes, explain: | | | | | | | | | |
| | | | | | | | | | | |
| 2.1 | Did the reporting entity experience any material transaction | ns requiring the filing of Disclosure of Material Transactions w | ith the State | of Domicile as | required by | the | | | | |
| | Model Act? | | | | ,, | | Yes () No () | | | |
| 2.2 | 2 If yes, has the report been filed with the domiciliary state? | | | | | | | | | |
| 3.1 | Has any change been made during the year of this statementity? | ent in the charter, by-laws, articles of incorporation, or deed | of settlemen | t of the reportin | g | | Yes () No () | | | |
| 3.2 | If yes, date of change: If not previously filed, furnish herewith a certified copy of t | he instrument as amended. | | | | | | | | |
| 4. | Have there been any substantial changes in the organization | onal chart since the prior quarter end? | | | | | Yes () No () | | | |
| | If yes, attach an explanation. | | | | | | | | | |
| 5.1 | Has the reporting entity been a party to a merger or conso | lidation during the period covered by this statement? | | | | | Yes () No () | | | |
| 5.2 | If yes, provide name of entity, NAIC Commerger or consolidation. | | | | t as a result | of the | | | | |
| | | JONI | | any Cod | e State | 3 of Domicile | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 6. | If the reporting entity is subject to a management agreeme have there been any significant changes regarding the terr | nt, including third-party administrator(s), managing general ans of the agreement or principals involved? | agent(s), at | ttorney-in-fact, | or similar agı | eement, | Yes () No () N/A | | | |
| | If yes, attach an explanation. | | | | | | | | | |
| 7.1 | State as of what date the latest financial examination of th | e reporting entity was made or is being made. | | | | | | | | |
| 7.2 | State the as of date that the latest financial examination re This date should be the date of the examined balance shee | port became available from either the state of domicile or the et and not the date the report was completed or released. | reporting en | itity. | | | | | | |
| 7.3 | State as of what date the latest financial examination report. This is the release date or completion date of the examination | rt became available to other states or the public from either th iion report and not the date of the examination (balance shee | e state of do t date) . | omicile or the re | oorting entity | ٠. | | | | |
| 7.4 | By what department or departments? | | | | | | | | | |
| | | | | | | | | | | |
| Q 1 | Has this reporting entity had any Certificates of Authority. Ii | censes or registrations (including corporate registration, if ap | nlicable) cu | enanded or revo | kad hy any | | | | | |
| | governmental entity during the reporting period? (You need agreement.) | not report an action, either formal or informal, if a confidenti- | ality clause i | s part of the | ned by ally | | Yes () No () | | | |
| 8.2 | If yes, give full information | | | | | | | | | |
| | | | | | | | | | | |
| 9 1 | Is the company a subsidiary of a bank holding company regi | ulated by the Federal Reserve Board? | | | | | Yes () No () | | | |
| | If response to 9.1 is yes, please identify the name of the ba | • | | | | | () () | | | |
| 0.2 | in respect to 0.1 to year, please teaming the name of the se | ank rolaing company. | | | | | | | | |
| | | | | | | | | | | |
| 9.3 | Is the company affiliated with one or more banks, thrifts or $% \left\{ 1\right\} =\left\{ 1\right$ | securities firms? | | | | | Yes () No () | | | |
| | (i.e. the Federal Reserve Board (FRB), the Office of the C | and location (city and state of the main office) of any affiliates comptroller of the Currency (OCC), the Office of Thrift Super ion (SEC)] and identify the affiliate's primary federal regulator | vision (OTS | y a federal regu) , the Federal [| latory servic Deposit Insur | es agency ance | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
| | Affiliate Name | Location (City, State) | FRB | OCC | OTS | FDIC | SEC | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | <u> </u> | | | | |

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INVESTMENT

10.1 Has there been any change in the reporting entity's own preferred or common stock?

| 10.2 | If yes, explain | | | | | | |
|------|--|---|--|---|--|--|------------------------------------|
| | | | | | | | |
| 11.1 | Were any of the stocks, bonds, or other a (Exclude securities under securities lending) | assets of the reporting entity ng agreements.) | loaned, placed un | der option agre | ement, or oth | erwise made available for use by another person? | Yes () No () |
| 11.2 | If yes, give full and complete information | relating thereto: | | | | | |
| | | | | | | | |
| 12. | Amount of real estate and mortgages held | I in other invested assets in S | Schedule BA: | | | | \$ |
| 13. | Amount of real estate and mortgages held | d in short-term investments: | | | | | \$ |
| 14.1 | Does the reporting entity have any investr | ments in parent, subsidiaries | and affiliates? | | | | Yes () No () |
| 14.2 | If yes, please complete the following: | | | | | 1 | 2 |
| | | | | | | Prior Year-End Statement Value | Current Quarter Statement Value |
| | 14.21 Bonds | | | | | | \$ \$ |
| | 14.23 Common Stock 14.24 Short-Term Investments | | | | | \$ | \$ |
| | 14.25 Mortgages, Loans or Real Esta 14.26 All Other | ate | | | | \$ \$ | \$ \$ |
| | 14.27 Total Investment in Parent, Sul 14.28 Total Investment in Parent inclu 14.29 Receivable from Parent not incl | ided in Lines 14.21 to 14.26 | above | | | \$ | \$ \$ \$ |
| 15.1 | Has the reporting entity entered into any h | nedging transactions reported | d on schedule DB? | | | | Yes () No () |
| 15.2 | If yes, has a comprehensive description of | f the hedging program been | made available to | the domiciliary | state? | | Yes () No () |
| | If no, attach a description with this statem | | | | | | |
| 16. | Excluding items in Schedule E, real estate were all stocks, bonds and other securitie accordance with Part 1-General, Section | e, mortgage loans and invest s, owned throughout the cur IV.H-Custodial or Safekeepir | ments held physic rent year held purs ng Agreements of | cally in the repo suant to a custo the NAIC Finar | rting entity's of odial agreemer ocial Condition | fices, vaults or safety deposit boxes, t with a qualified bank or trust company in Examiners Handbook? | Yes () No () |
| 16.1 | For all agreements that comply with the re | equirements of the NAIC - | | | | | |
| | Nome of Cretodia | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Name of Custodia | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 16.2 | For all agreements that do not comply with | h the requirements of the NA | IC Financial Condi | ition Examiners | Handbook, pr | ovide the name, location and a complete explana | tion: |
| | 1 | | 2 | | | 3 | |
| | Name (s) | | Location(s) | | | Complete Expl | anation(s) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Have there been any changes, including r | | ian(s) identified in | 16.1 during th | e current quar | er? | Yes () No () |
| 16.4 | If yes, give full and complete information | relating thereto: | | | | | |
| | 1 | 2 | | 3 Date | | 4 | |
| | Old Custodian | New Custodi | an | of Change | | Reason | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 16.5 | Identify all investment advisors, brokers/o on behalf of the reporting entity: | dealers or individuals acting o | on behalf of broker | s/dealers that | have access to | the investment accounts, handle securities and | have authority to make investments |
| | 1 Central Registration Depo | ository | | 2 Name(s) | | 3 Addre | ss |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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Yes () No ()

SCHEDULE A - VERIFICATION

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year 2. Increase (decrease) by adjustment 3. Cost of acquired 4. Cost of additions to and permanent impror 5. Total profit (loss) on sales 6. Increase (decrease) by foreign exchange 7. Amount received on sales 8. Book/adjusted carrying value at end of cu 9. Total valuation allowance 10. Subtotal (Line 8 plus Line 9) 11. Total nonadmitted amounts 12. Statement value, current period (Page 2, real scales miss), carrein period, | | |

SCHEDULE B - VERIFICATION

| | Year To Date | Prior Year Ended December 31 |
|---|--------------|---------------------------------|
| 1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year 2. Amount loaned during period: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after ac 3. Accrual of discount and mortgage interest 4. Increase (decrease) by adjustment 5. Total profit (loss) on sale 6. Amounts paid on account or in full during t 7. Amortization of premium 8. Increase (decrease) by foreign exchange 9. Book value/recorded investment excluding 10. Total valuation allowance 11. Subtotal (Line 9 plus Line 10) 12. Total nonadmitted amounts 13. Statement value of mortgages owned at end of current period | | |

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

| | Year To Date | December 31 |
|---|--------------|--------------|
| | Tour To Buto | Bootingor or |
| 1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year 2. Cost of acquisitions during period: 2.1 Actual cost at time of acquisitions. 2.2 Additional investment made after ac 3. Accrual of discount 4. Increase (decrease) by adjustment 5. Total profit (loss) on sale 6. Amounts paid on account or in full during t 7. Amortization of premium 8. Increase (decrease) by foreign exchange 9. Book/adjusted carrying value of long-term 10. Total valuation allowance 11. Subtotal (Line 9 plus Line 10) 12. Total nonadmitted amounts 13. Statement value of long term invested assets at end of current period | | |

SCHEDULE D - VERIFICATION

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|------------------------------------|-------------------|--------------------------------------|
| Stocks. December 31 of prior year. | | |
| | | |

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Health - Quarterly 200

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|--|---|---|---|--|---|--|--|
| | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. Class 1. 2. Class 2. | | | | 2,495 | 2,610,632 | | | 2,613,127 |
| 3. Class 3. 4. Class 4. 5. Class 5. | | | | | | | | |
| 6. Class 6 | | | | | | | | |
| 7. Total Bonds. | 2,613,127 | | | 2,495 | 2,610,632 | | | 2,613,127 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1. 9. Class 2. 10. Class 3. 11. Class 4. 12. Class 5. | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds and Preferred Stock. | 2,613,127 | | | | 2,610,632 | | | 2,613,127 |

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

| | 1 | 2 | 3 | 4 | 5 |
|----------------|---------------------------------|-----------|----------------|---|------------------------------|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Amount of Interest Received Current Quarter | Paid for Accrued Interest |
| 8099999 Totals | N | IONE | | | |

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| Book / adjusted carrying value, December 31 of prior year | | |
| 2. Cost of short-term investments acquired | | |
| 3. Increase (decrease) by adjustment | | |
| 4. Increase (decrease) by foreign exchange ac | | |
| 5. Total profit (loss) on disposal of short-term i | | |
| 6. Consideration received on disposal of short-t | | |
| Consideration received on disposal of short-f Book / adjusted carrying value, current perio | / I 🐪 I | |
| 8. Total valuation allowance | | |
| 9. Subtotal (Line 7 plus Line 8) | | |
| 10. Total nonadmitted amounts | | |
| 11. Statement value (Line 9 minus Line 10) | | |
| 12. Income collected during period | | |
| 13. Income earned during period | | |

SCHEDULE DB - PART F - SECTION 1

Summary of Replicated (Synthetic) Assets Open

| Replicated (Synthetic) Asset | | | | | | | Com | ponents of the Replicated (Synthetic) Asset | | | |
|-------------------------------|-------------|---|-----------------|------------|----------------------------|------------|-------|---|--------------------|------------|---|
| 1 | 2 | 3 | 4 | 5 | Derivative Instruments Ope | n | | Cash | Instrument(s) Held | | |
| | | | | | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Replication RSAT Number | Description | NAIC Designation or Other Description | Statement Value | Fair Value | Description | Fair Value | CUSIP | Description | Statement Value | Fair Value | NAIC Designation or Other Description |

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SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

| | First C | Quarter | Second | Quarter | arter Third Quarter Fourth Quarter | | | Quarter | Year-T | o-Date |
|--|------------------------|---|---------------------|---|------------------------------------|---|---------------------|---|---------------------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Number of Positions | Total Replicated (Synthetic) Assets Statement Value | Number of Positions | Total Replicated (Synthetic) Assets Statement Value | Number of Positions | Total Replicated (Synthetic) Assets Statement Value | Number of Positions | Total Replicated (Synthetic) Assets Statement Value | Number of Positions | Total Replicated (Synthetic) Assets Statement Value |
| 1. Beginning Inventory | | | | | | | | | | |
| Add: Opened or Acquired Transactions | | | | | | | | | | |
| Add: Increases in Replicated Asset Statement Value | XXX | | | | | | XXX | | XXX | |
| 4. Less: Closed or Disposed of Transactions | | | | | | | | | | |
| Less: Positions Disposed of for Failing Effectiveness Criteria | | | | | | | | | | |
| 6. Less: Decreases in Replicated (Synthetic) Asset Statement Value | xxx | | | | | | XXX | | XXX | |
| 7. Ending Inventory | | | | | | | | | | |

SCHEDULE S - CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

| 1 NAIC Company Code | 2 Federal ID Number | 3 Name of Reinsurer | 4 Location | 5 Is Insurer Authorized? (Yes or No) |
|------------------------------|------------------------------|------------------------|---------------|---|
| Accident and Hea | alth - Non-Affiliates | | | _ |

| Accident and Health - Non-Affiliates | | |
|--|--------------|-------|
| Executive Risk indemnity Inc | Simsbury, CT | . Yes |
| 0499996 - Accident and Health - Non-Affiliates | • | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

| | | 1 | 2 | Direct Business Only Year to Date | | | | | |
|------|--|---------------------------------|---|-----------------------------------|------------------------------|----------------------------|---|--|--------------------------------------|
| | States, Etc. | Guaranty Fund (Yes or No) | Is Insurer Licensed ? (Yes or No) | 3 Accident and Health Premiums | 4 Medicare Title XVIII | 5 Medicaid Title XIX | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums and Deposit-Type Contract Funds | 8 Property Casualty Premium |
| 1. | Alabama | NO | NO | | | | | | |
| 2. | Alaska AK | NO | NO | | | | | | |
| β | Arizona AZ | NO | NO | | | | | | |
| | Arkansas AR | NO | NO | | | | | | |
| | California | NO | NO | | | | | | |
| | Colorado | NO | NO | | | | | | |
| | Connecticut | NO | NO | | | | | | |
| | Delaware DE | NO | NO | | | | | | |
| | District of Columbia | NO | NO | | | | | | |
| | Florida | NO | NO | | | | | | |
| | Georgia | NO | NO | | | | | | |
| | Hawaii HI | NO | NO | | | | | | |
| | Idaho ID | NO | NO | | | | | | |
| | Illinois | NO | NO | | | | | | |
| | IndianaIN | NO | NO | | | | | | |
| | lowa | NO | NO | | | | | | |
| | Kansas KS | NO | NO | | | | | | |
| | Kentucky KY | NO | NO | | | | | | |
| | LouisianaLA | NO | NO | | | | | | |
| | Maine | NO | NO | | | | | | |
| | Maryland MD | NO | NO | | | | | | |
| | Massachusetts | NO | NO | | | | | | |
| | Michigan MI | NO | NO | | | | | | |
| | Minnesota MN | NO | NO | | | | | | |
| | Mississippi MS | NO | NO | | | | | | |
| | Missouri | NO | NO | | | | | | |
| | Montana MT | NO | NO | | | | | | |
| | NebraskaNE | NO | NO | | | | | | |
| | Nevada NV | NO | NO | | | | | | |
| | New Hampshire NH | NO | NO | | | | | | |
| | New Jersey | NO | NO | | | | | | |
| | New Mexico NM | NO | NO | | | | | | |
| | New York | NO | NO | | | | | | |
| | North Carolina | NO | NO | | | | | | |
| | North Dakota | NO | NO | | | | | | |
| | OhioOH | NO | NO | | | | | | |
| | Oklahoma OK | NO | NO | | | | | | |
| | Oregon. OR | NO | NO | | | | | | |
| | Pennsylvania | NO | NO | | | | | | |
| | Rhode Island | NO | NO | | | | | | |
| | South Carolina | NO | NO | | | | | | |
| | South Dakota | NO | NO | | | | | | |
| | Tennessee | NO | YES | | | | | | |
| | TexasTX | NO | NO | | | | | | |
| | UtahUT | NO | NO | | | | | | |
| | Vermont | NO | NO | | | | | | |
| | VirginiaVA | | NO | | | | | | |
| | WashingtonWA | | NO | | | | | | |
| | West Virginia WV | NO | NO NO | | | | | | |
| | Wisconsin WI Wyoming WY | | NO | | | | | | |
| | American Samoa AS | | NO | | | | | | |
| | Guam. AS | NO | NO | | | 1 | | | |
| | Puerto Rico. PR | | NO | | | 1 | | | |
| | U.S. Virgin Islands VI | NO | NO | | | 1 | | | |
| | Canada | | NO | | | 1 | | | |
| | Aggregate Other Alien. OT | XXX | XXX | | | 1 | | | |
| | Total (Direct Business) | XXX | (a) 1 | | | 1 | I | l | |
| | (2.100. 200.1000) | ^^^ | (~) | | | 1 | | | |
| | | | | | | | | | |
| \IL: | S OF WRITE-INS | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Summary of remaining write-ins for Line 57 from overflow page | | | I | I | 1 | 1 | 1 | l |
| | Total (Line 5701 through Line 5703 plus Line 5798) (Line 57 above) | | | | | | | | |

⁽a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

2

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

| 1 | Loca | ation | 4 | 5 | 6 | 7 | 8 Book / Adjusted | 9 Expended for |
|-------------------------|------|-------|------------------|----------------|-------------|---------------------------|----------------------------|---------------------------|
| | 2 | 3 |] | | | A t . f | Carrying | Additions and |
| Description of Property | City | State | Date Acquired | Name of Vendor | Actual Cost | Amount of Encumbrances | Value Less Encumbrances | Permanent Improvements |

NONE

SCHEDULE A - PART 3

Showing all Real Estate SOLD during the Quarter, including Payments during the Final Year on "Sales under Contract"

| 1 | Loca | ation | 4 | 5 | 6 | 7 | 8 | 9 Expended for | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|-------------------------|------|-------|---------------|-----------------|-------------|-----------------------------|--------------------------------------|-----------------------------------|---------------------------|---------------------|--------------------------|--------------------------|-------------------|---|-----------------------|
| | 2 | 3 | | Name | | Increase | Increase (Decrease) by Foreign | Additions, Permanent Improvements | Book/Adjusted Carrying | | Foreign Exchange | Realized | Total Profit | Gross Income Earned Less Interest | Taxes, Repairs and |
| Description of Property | City | State | Disposal Date | of Purchaser | Actual Cost | (Decrease) by Adjustment | Exchange Adjustment | and Changes in Encumbrances | | Amounts Received | Profit (Loss) on Sale | Profit (Loss) on Sale | (Loss) on Sale | Incurred on Encumbrances | Expenses Incurred |

NONE

<u>E</u>

SCHEDULE B - PART 1

Showing all Mortgage Loans ACQUIRED during the Current Quarter

| 1 | Location | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------|----------|-------|-----------|---------------|---------------------|--------------------------------------|-----------------------------|--------------------------------|------------------|---|
| | 2 | 3 | | | | Book Value/Recorded Investment | Increase | Increase (Decrease) by | Value of Land | Date of Last |
| Loan Number | City | State | Loan Type | Date Acquired | Rate of Interest | Excluding Accrued Interest | (Decrease) by Adjustment | Foreign Exchange Adjustment | and Buildings | Date of Last Appraisal or Valuation |

NONE

SCHEDULE B - PART 2

Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter

| 1 | | 41 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------|------|-------|-----------|----------|----------------------------|------------|------------------------|-------------------------------|---------------|---------------------------|---------------------------|------------------------|
| | LOC | ation | | | Book Value/Recorded | | Increase | Book Value/Recorded | | | | |
| | 2 | 3 | | | Investment | Increase | (Decrease) | Investment | | Foreign | 5 " 1 | - |
| | | | | Date | Excluding Accrued Interest | (Decrease) | by Foreign Exchange | Excluding Accrued Interest | Consideration | Exchange Profit (Loss) | Realized Profit (Loss) | Total Profit (Loss) |
| Loan Number | City | State | Loan Type | Acquired | Prior Year | Adjustment | Adjustment | at Disposition | Received | on Sale | on Sale | on Sale |

NONE

E02

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

| 1 | Loca | ation | 4 | 5 | 6 | 7 | 8 | 9 | 10 Increase (Decrease) |
|---------------------------------|------|-------|----------------|----------|-------------|---------------------------|-------------------------------------|---------------------|------------------------|
| | 2 | 3 | | Data | | Amount of | Book/Adjusted | Increase (Decrease) | by Foreign Exchange |
| Number of Units and Description | City | State | Name of Vendor | Acquired | Actual Cost | Amount of Encumbrances | Carrying Value Less Encumbrances | by Adjustment | Adjustment |

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter

| 1 | | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---------------------------------|----------|-------|-----------------------|----------|----------------------------|------------|------------------------|----------------------------|---------------|---------------------------|---------------------------|------------------------|
| | Location | n | | | Book/Adjusted | | Increase | Book/Adjusted | | | | |
| | 2 | 3 | | | Carrying | Increase | (Decrease) | Carrying | | Foreign | | |
| | | | Name of Purchaser | Date | Value Less Encumbrances | (Decrease) | by Foreign Exchange | Value less Encumbrances | Consideration | Exchange Profit (Loss) | Realized Profit (Loss) | Total Profit (Loss) |
| Number of Units and Description | City | State | Nature of Disposition | Acquired | Prior Year | Adjustment | Adjustment | at Disposition | Received | on Sale | on Sale | on Sale |

E04

Health - Quarterly 200

SCHEDULE D - PART 3

Show All Long-term Bonds and Stock Acquired by the Company During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-------------------------|-------------|------------------|----------------|---------------------------|-------------|-----------|---|-------------------------|
| CUSIP Identification | Description | Date Acquired | Name of Vendor | Number of Shares of Stock | Actual Cost | Par Value | Paid for Accrued Interest and Dividends | NAIC Designation (a) |

COD

Health - Quarterly 200

SCHEDULE D - PART 4

Show All Long-term Bonds and Stock Sold , Redeemed or Otherwise Disposed of by the Company During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|-------------------|-------------|----------|-------------------|------------------|---------------|-------|--------|----------------------------|------------|------------------------|---------------------|-------------------|-------------------|----------------------|---------------------|------------------|
| | | | | | | | | Book/Adjusted | Increase | Increase (Decrease) | Foreign Exchange | Realized | Total | Interest on Bonds | Dividends on Stocks | |
| CUSIP Identif- | | Disposal | | Number of Shares | | Par | Actual | Carrying Value at Disposal | (Decrease) | by Foreign Exchange | Gain (Loss) on | Gain (Loss) on | Gain (Loss) on | Received During | Received During | NAIC Designa- |
| ication | Description | Date | Name of Purchaser | of Stock | Consideration | Value | Cost | Date | Adjustment | Adjustment | Disposal | Disposal | Disposal | Year | Year | tion (a) |

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------|--|--|-----------------------------------|-----------------------------|--------------------------|------------------------|---------------|---|--------------------|---------------|--|---|--|
| Description | Number of Contracts or Notional Amount | Date of Maturity, Expiry, or Settlement | Strike Price , Rate , or Index | Date of Acqui- sition | Exchange or Counterparty | Cost/Option Premium | Book Value | * | Statement Value | Fair Value | Year to Date Increase / (Decrease) by Adjustment | Used to Adjust Basis of Hedged Item | Other Investment/ Miscellaneous Income |

NONE

SCHEDULE DB - PART B - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------|--|--|-----------------------------------|----------------------------------|--------------------------|---------------------------|---------------|---|--------------------|---------------|--|-------------------------|--|
| Description | Number of Contracts or Notional Amount | Date of Maturity, Expiry, or Settlement | Strike Price , Rate , or Index | Date of Issuance/ Purchase | Exchange or Counterparty | Consideration Received | Book Value | * | Statement Value | Fair Value | Year to Date Increase/(Decrease) by Adjustment | Used to Adjust Basis | Other Investment/ Miscellaneous Income |

SCHEDULE DB - PART C - SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-------------|-----------------|--|--|--|--------------------------|--|---------------|---|--------------------|---------------|---|---|--|-----------------------|
| Description | Notional Amount | Date of Maturity, Expiry, or Settlement | Strike Price , Rate or Index Rec (Pay) | Date of Opening Position or Agreement | Exchange or Counterparty | Cost or (Consideration Received) | Book Value | * | Statement Value | Fair Value | Year to Date Increase (Decrease) by Adjustment | Used to Adjust Basis of Hedged Item | Other Investment/ Miscellaneous Income | Potential Exposure |

NONE

SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Var | iation Margin Informat | ion | 13 |
|-------------|------------------------|------------------|----------------|---------------|------------------|--------------------------------|--------------------------|--------------|------------------|---|----------------|--------------------|
| Description | Number of Contracts | Maturity Date | Original Value | Current Value | Variation Margin | Date of Opening Position | Exchange or Counterparty | Cash Deposit | 10 Recognized | 11 Used to Adjust Basis of Hedged Item | 12 Deferred | Potential Exposure |

STATEMENT AS OF MARCH 31, 2003 OF THE Memphis Managed Care Corp.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| | 1 Depository | 2 | 3 | 4 | | Balance at End of h During Current Qu | |
|------------------------------------|---------------------------------------|----------|--|---|--------------|--|--------------|
| | Depository | Rate of | Amount of Interest Received During | Amount of Interest Accrued at Current | 5 | 6 | 7 |
| Name | Location and Supplemental Information | Interest | Current Quarter | Statement Date | First Month | Second Month | Third Month |
| Open Depositories | | | • | • | | | |
| | NBC | | | | | | |
| CLAIMS | NBC | | | | (100,500) | (100,500) | (100,500) |
| GENERAL OPERATING | | | 5,897 | | 5,510,397 | 565,508 | /,393,09/ |
| CLAIMS | | | | | (10,808,493) | (12,477,459) | (14,419,418) |
| PAYROLL | | | | | | | |
| DIIGT | AMSOUTH | | 12 722 | | 1/ 112 070 | 21 079 570 | 17 205 652 |
| | NBC | | | | | | |
| 1199999 - TOTAL - Open Depositorie | S | | 20,220 | | 8,995,965 | 9,400,647 | 10,443,044 |
|)399999 - TOTAL Cash on Deposit | | | 20,220 | | 8,995,965 | 9,400,647 | 10,443,044 |
| 499999 - Cash in Company's Office | | | | | 400 | 400 | 400 |
| 599999 - TOTALS | | | 20,220 | | 8,996,365 | 9,401,047 | 10,443,444 |